

**Application Data Sheet****Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?:: Paper  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title:: TREATMENT OF  
HYPERPROLIFERATIVE DISEASE  
Attorney Docket Number:: FISHMAN14A  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Pnina

Middle Name::  
Family Name:: FISHMAN  
Name Suffix::  
City of Residence:: Herzliya  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 19 Asher Barash Street  
City of Mailing Address:: Herzliya  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 46365  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Lea  
Middle Name::  
Family Name:: MADI  
Name Suffix::  
City of Residence:: Rishon Le Zion  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 27 Richard Fienman Street  
City of Mailing Address:: Rishon Le Zion  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 75791  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Sara  
Middle Name::  
Family Name:: BAR YEHUDA  
Name Suffix::

City of Residence:: Rishon Le Zion  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 21B Arbel Street  
City of Mailing Address:: Rishon Le Zion  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 75474

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
This Application	National Stage of	Application::	Date::
PCT/IL05/000232	Appln claiming benefit of 35 USC 119(e)	PCT/IL05/000232	02/24/05
		60/547,561	02/26/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**Assignment Information**

Assignee Name:: Can-Fite Biopharma Ltd.  
Street of Mailing Address:: 10 Bareket Street  
City of Mailing Address:: Petach Tikva  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 49170